



First Nations Health Authority  
Health through wellness

## **Claims Processing System Transition PharmaCare Transition Webinar**

Thursday, September 21, 2017

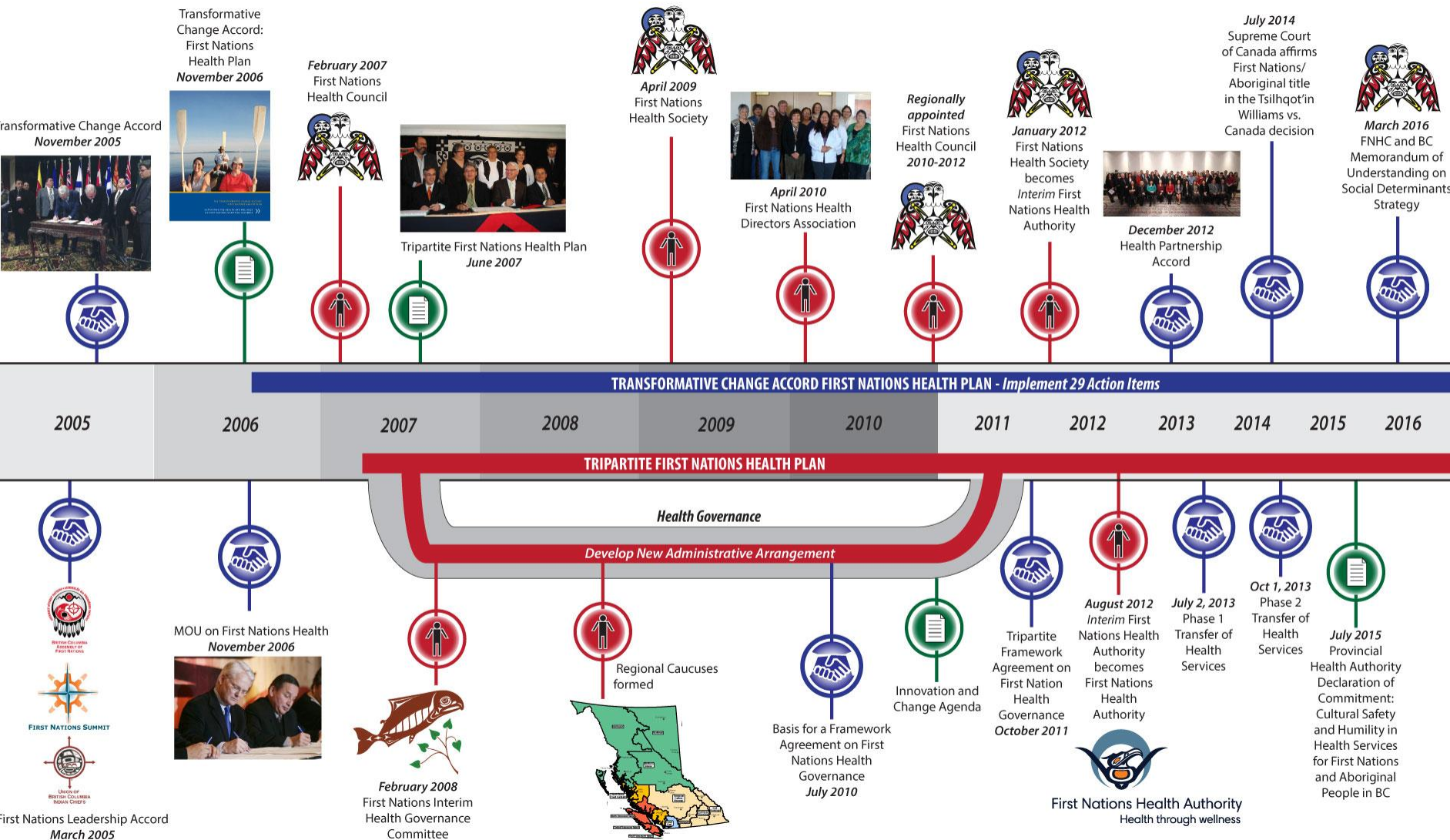


# Session Objectives

- Context for the PharmaCare Transition
- Overview of PharmaCare Plan W for FNHA clients
- How we are reaching and engaging clients
- Question and Answers



# Where we've been





## How we approach change

### Our Vision

Healthy, self-determining  
and vibrant, BC First Nations  
children, families and  
communities

### Our Values

Respect, Discipline,  
Relationships, Culture,  
Excellence & Fairness

### Our Directives

1. Community Driven, Nation Based
2. Increase First Nations Decision-Making
3. Improve Services
4. Foster Meaningful Collaboration and Partnerships
5. Develop Human and Economic Capacity
6. Be without Prejudice to First Nations Interests
7. Function at a High Operational Standard



## What will change?

- The pharmacy benefit has been prioritized to be transferred first, because it impacts the largest number of clients
- On October 1<sup>st</sup>, Drug benefit administration transferring from Health Canada Non-Insured Health Benefits (NIHB) program to BC PharmaCare
- Made possible by a March 2017 regulatory change
- By joining PharmaCare, BC First Nations will be part of the provincial drug insurance program
- The transfer is part of a longer journey
  - Vision, Dental and Medical Supplies and Equipment

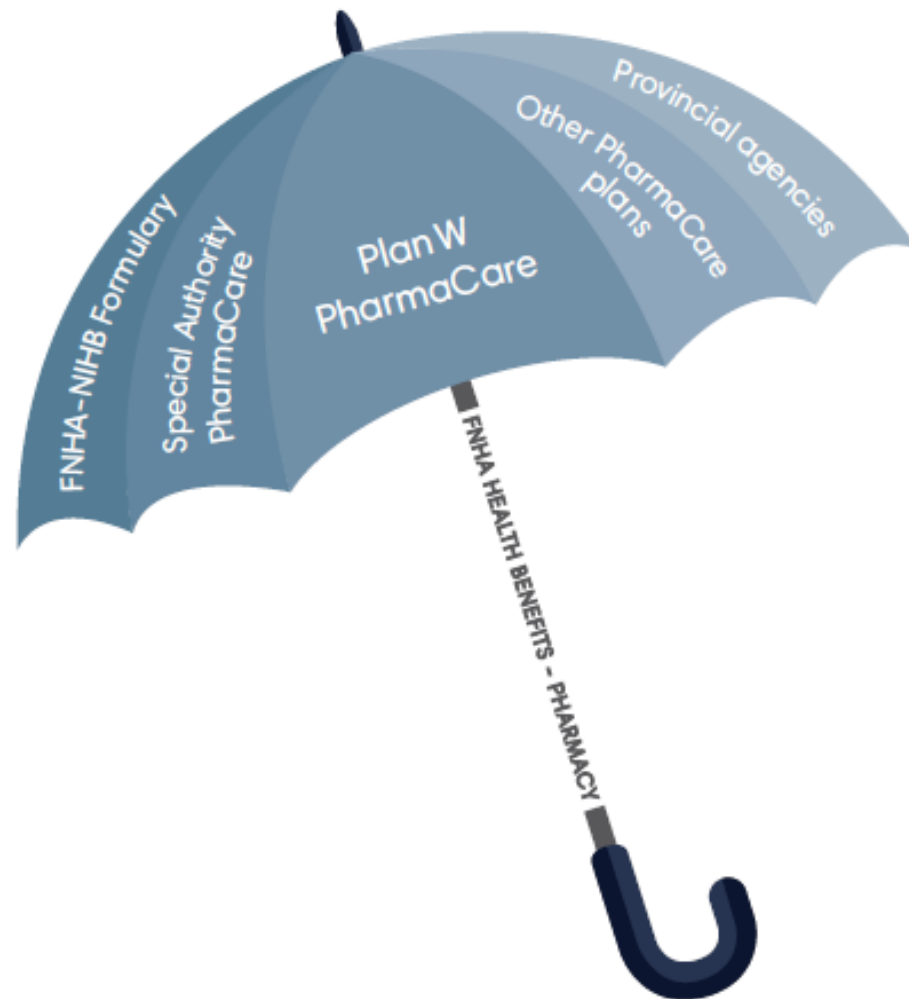


## PharmaCare Plan W

- ✓ Provides coverage for eligible prescription drugs and many over the counter products
- ✓ The new Plan W is the payer of first resort
- ✓ Plan W is a fully paid plan
- ✓ Plan W is not income tested, has no deductible
- ✓ No new forms to fill out



# We Have You Covered





# Challenges

- Move from NIHB to PharmaCare has never been done before
- Many external stakeholders
  - Dependent on collaboration with PharmaCare and NIHB
  - New provincial and federal governments
- Reaching out to entire FNHA client base for the first time
- Changes to claims made out of province
- Some clients will need to be transitioned to comparable drugs on the PharmaCare formulary
- Some prescription drugs and over the counter products to be covered by NIHB on a transitional basis





## Key Benefits

- Alignment with provincial practices and standards
  - Greater clarity for clients that navigated both the federal and provincial programs
  - Formulary consistent with other British Columbians
- BC Pharmacists and Prescribers more familiar with PharmaCare
  - Special Authorizations (exceptions) will be completed more efficiently
- FNHA clients now be eligible to access other PharmaCare plans and additional provincial programs
  - Improved access to palliative care
  - Training for use of blood glucose test strips
- Better positioned to transform benefits to reflect the cultures and perspectives of BC First Nations



## Key Messages to Clients

- Transition to PharmaCare planned for October 1, 2017
- For an estimated 90% of FNHA clients there are no changes to your prescription drug benefits
- No new forms are required; the transition of records and data will happen in the background
- Personal Health Number (Care Card or BC Services Card) and Status Card is all that is needed to access PharmaCare (similar to today)
- Plan ahead for travel out of province and get your medications before leaving
- We are here to help! Call our Health Benefits Line at 1.855.550.5454



# Communications Channels

## FNHA clients

- Website
- Radio Ads
- Social Media
- Video
- Letters
- Brochures
- Rack cards
- Posters

## Working with health providers

- PharmaCare  
(Ministry of Health)
- Provincial agencies
- Health Canada
- BC Pharmacy Association
- College of Physicians and Surgeons  
of BC
- Doctors of BC
- College of Registered Nurses of BC
- Association of Registered Nurses of  
BC

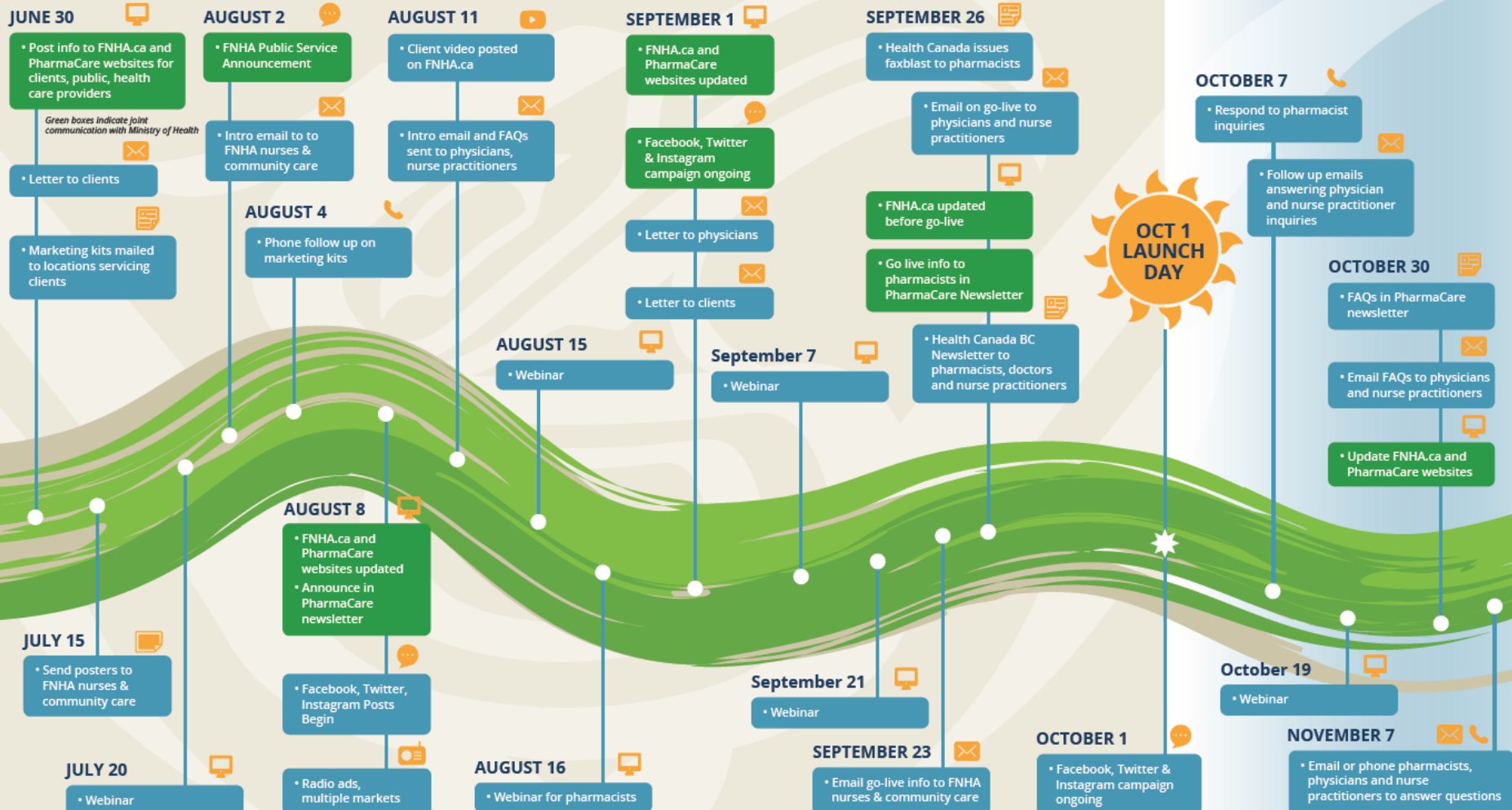


First Nations Health Authority

# CPST Communications Roadmap

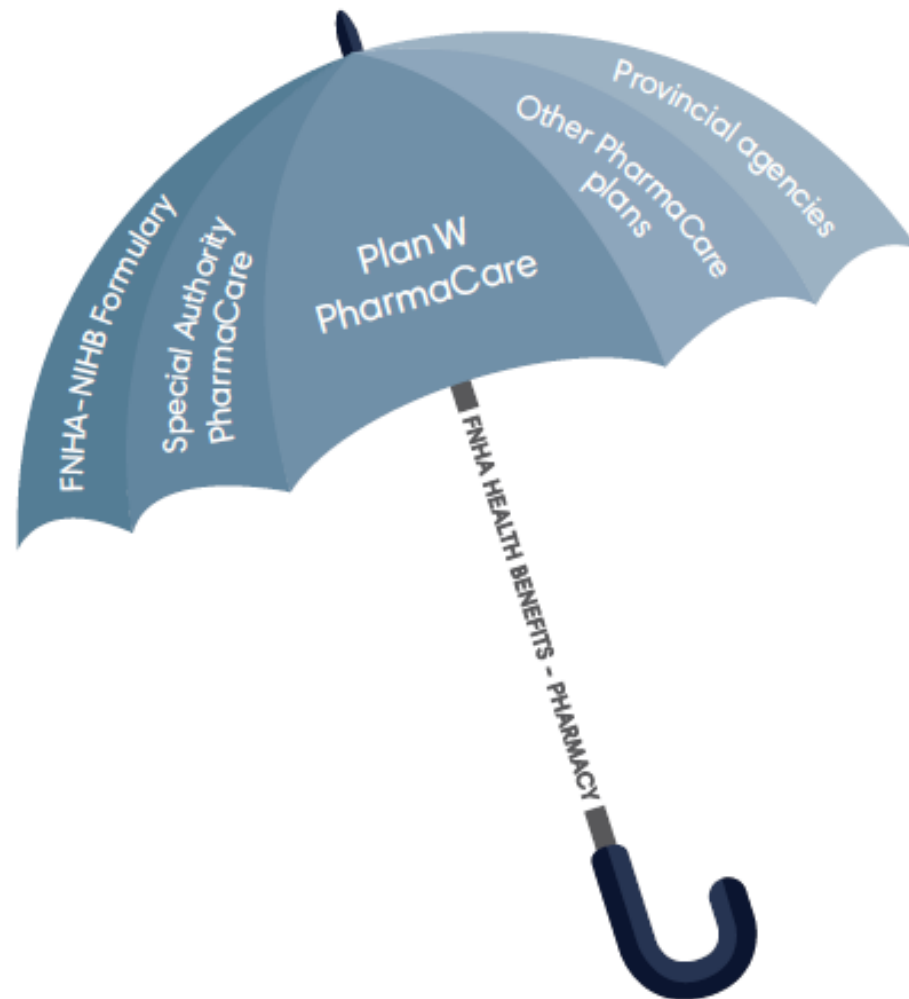
## PRE LAUNCH

## POST LAUNCH





# We Have You Covered





# Frequently Asked Questions

- Access to provincial drug benefits: PharmaCare and Provincial Agencies
- Drug formulary differences and impact
- Transitional Specials Authorities and grandparenting of coverage
- Preparing for a smooth transition October 1, 2017:
  - 1) Unique Approvals through NIHB
  - 2) Palliative Care coverage
  - 3) Compounds



## How do I get coverage through PharmaCare?

- For most, enrollment in Plan W is automatic and coverage will start October 1, 2017
- If your employer (or other insurer) pays for your MSP premiums, then you may have to contact FNHA to be enrolled in Plan W

*note: NIHB coverage continues temporarily until the FNHA client is transitioned onto Plan W*



## What happens when I travel out of province and I need drugs away from home?

- Some pharmacies on the BC-Alberta boarder have the ability to access prescription coverage for clients
- A client reimbursement process is in place for out of province pharmacy claims
  - Clients will have to pay out of pocket and keep receipts for reimbursement
- A very limited number of pharmacy items will continue to be available “Out of Province” through the NIHB program





## What is the role of BC Cancer Agency, BC Centre for Excellence in HIV/AIDS, BC Transplant, and BC Renal Agency?

- Prescribers register clients with the provincial Agencies to receive specific program services, treatments, and medications
- Drug coverage for these purposes are not duplicated in BC PharmaCare
- FNHA is supporting clients through the process of registration with the Agencies and accessing drug therapy through the Agencies' processes



## Example Scenario:

Dan lives near Parksville on Vancouver Island. Dan's has chronic kidney disease and his doctor has registered him with the Renal Agency. Dan has been getting all of his medications from the local pharmacy in town.

After October 1, 2017, Dan will now receive the medications to treat his kidney disease from Central Drugs in Nanaimo. This pharmacy is contracted by the BC Renal Agency to provide specialized pharmacy services. He has chosen to continue to visit his local pharmacy for his other medications.



## Are there differences in the drug formularies?

- Yes, the NIHB and BC PharmaCare drug lists differ
- FNHA has been working with both NIHB and Pharmacare to transition coverage to ensure clients will have access to the medications they need after October 1, 2017:
  - BC Pharmacare Plan W + Limited Coverage drugs (SA)
  - Transitional Special Authorizations
  - BC Agencies
  - Residual Items not currently covered in PharmaCare



# Grandparenting Coverage and Transitional Special Authorizations

- Special Authorities will be in place to continue coverage on October 1, 2017
- Exceptional Special Authorities will be in place to allow continued coverage of drugs otherwise considered non-benefit
- Expiry of Special Authority will depend on the drug
  - many Special Authorities are indefinite
  - For drugs that require renewal, prescribers will need to apply for a SA within 4 to 6 months
  - “High risk” drugs or drug intended for short term treatments will be granted a 35 day expiry



## Do I need to change my drugs?

In some cases, there are drugs that will require:

- Reassessment of therapy
- Consideration alternative in same drug class
- Change in strength or format
- Change in manufacturer



## Reassessment of Therapy:

Drug (brand name)	Treatment	Action	Number of FNHA clients impacted
Repaglinide (Gluconorm)	Diabetes	Prescriber to reassess therapy; coverage available for clients with Cystic Fibrosis.	Approx 20 clients



## Consider Alternative in Same Drug Class:

Drug (brand name)	Treatment	Action	Number of FNHA clients impacted
Alfuzoin (Xatral)	BPH	Other drugs in class available.	Less than 5 clients
Moxifloxacin eye drops (Vigamox)	Antibiotic eye drops	Other drugs in class available.	Short term use, Approx 995 clients
Nepafenac 0.1% Eye drops (Nevanac)	Anti- inflammatory eye drops	Other drugs in class available.	Short term use, Approx 360 clients
Sitagliptin +/- Meformin (Januvia and Janumet)	Diabetes	Other drugs in class available.	Approx 500 clients



## Change in Strength or Format:

Drug (brand name)	Treatment	Action	Number of FNHA clients impacted
Ramapril 15mg (Altace)	ACE Inhibitor	5mg, 10gm strength available	Approx 50 clients
Paroxetine 10mg (Paxil)	Anti-Depressant	20mg, 30mg strength available	< 100 clients
Clonazepam (Restoril) 1mg	Benzodiazepine	0.5mg, 2mg strength available	Approx 250 clients
Acyclovir 5% Cream (Zovirax)	Anti-viral	Ointment available	Approx 320 clients





## Change in Manufacturer (Brand)

- BC PharmaCare selects which manufacturers brands are listed based on:
  - price
  - ability to meet supply demands for BC residents
- Generic drugs are less expensive than the innovative brand name predecessor.
- Generic drugs are required to have the same active ingredient, the same quality and same performance as the brand name drug.



## Example of Change in Manufacturer (Brand)

### Metformin

- 47 different brands (manufacturers) of metformin exist on the Canadian Market
- 15 brands are fully covered by BC PharmaCare (Low Cost Alternative), including Glycon™
- 1 brand Glucophage™ (by Sanofi) is covered up to the Low Cost Alternative price



# I had a reaction to a generic drug and my doctor prescribed “No Substitution” for another brand. What is going to happen now?

- FNHA is working with PharmaCare to ensure clients previously approved by NIHB for “No Substitution” and other unique approvals such as “exceeding quantity limits” have continued coverage
- If your have prescriptions are “No Substitution”, then contact FNHA to ensure on-going coverage
- After October 1, 2017, prescribers will be required to request “No Substitution” coverage through the PharmaCare Special Authority process



# FNHA announced improved access to palliative care drug benefits in January 2107. Is that changing?

- No change - Doctors and Nurse Practitioners should continue to register palliative clients with BC PharmaCare and the local Health Authority to enable coverage for palliative care drugs, medical supplies and services
- FNHA is alerting prescribers to enroll their palliative clients in PharmaCare and will be contacting pharmacy providers to ensure coverage is in place prior to October 1, 2017



# Compounds

- Compounds are medicines that are not commercially available that your pharmacist prepares according to your prescription. There were approx. 1200 clients dispensed compounds in 2017
- BC PharmaCare policies and coverage will apply October 1, 2017. In some cases, changes to the compound ingredients may be needed to be eligible for coverage
- FNHA is working with PharmaCare to have Special Authorities in place for compounds known to require SA



# Participant Questions and Answers



## Where do I go for more information?

- Visit our website [FNHA.ca/pharmacare](https://fnha.ca/pharmacare)
- Call our Health Benefits Support Line 1.855.550.5454
- Email us at [HealthBenefits@fnha.ca](mailto:HealthBenefits@fnha.ca)